

Improvement in Access and Equity for Maternal and Newborn Health Services: Comparative Advantages of Contracted Out Versus Non-Contracted Out Facilities

Department: Community Health Sciences

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Rationale:

Clustering of mortality remained high around delivery and the peri-natal period due to insufficient access to quality services. With only 8.2% of births took place in public sector facilities (PDHS 2005-06), there was need to try out innovative ways of health delivery and financing, such as contracting out of services, to improve access to BemONC and CemONC. Households were also vulnerable to costs incurred during and around childbirth (Borghi et al 2006; Zaidi, Bhutta et al 2009) requiring service expansion as a result of contracting out to be accompanied by simultaneous reduction in financial barriers. There existed large discrepancy between the poor and less poor in terms of access to emergency obstetric and neonatal services (Ronsman et al 2006) and it was uncertain whether the move to new financing mechanisms could such as contracting could reduce inequities. Rural disadvantaged women, usually living in socially excluded context, might also have low decision making power and low access to financial resources for effectively utilizing care. This might blunt service coverage of contracted out facilities unless specifically addressed through accompanying measures.

Scope of study:

The overall research question was: What is the comparative effectiveness, if any, of contracted out RHCs versus non-contracted out RHCs in providing access to quality MNH services and reduction of financial barriers? Two contracted RHCs run by AKHSP through a formal management contract with the Department of Health are compared with government managed RHCs. Contracted sites included RHC Shagram in Chitral serving a catchment of 48000 population for CemONC and RHC Keti-Bunder serving a catchment of 13,700 population in Thatta for BemONC. The study assessed improvement in quality, utilization, and reduction in patient out of pocket expenditure on MNH services, and equitable distribution of impacts to the more disadvantaged women. It also explored underlying dynamics of financial access for pregnant women. Additionally, it quantified provider related unit costs for implementing a contracted out RHC model for MNH services.

Research Methodology:

The study undertook cross-sectional comparison across intervention (AKHSP contracted RHCs) and control (non-contracted) RHCs. The intervention sites included the 2 RHCs contracted out to AKHSP with their demarcated catchment area, and 4 controls RHCs with their demarcated catchment areas. The controls drew from same districts to maintain context specificity for comparison. Consultative workshops held at district level with AKHSP and government stakeholders for feedback on field strategy, followed by finalization of sampling frame and pre-testing.